

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

1144589

• 111 •

10 /

CLAIMS

	AS FILED		AFTER 1st-AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4		1				
5		1				
6	1					
7	1					
8		1				
9	1					
10		1				
11	1					
12		1				
13	1					
14	1					
15		7				
16		2				
17		7				
18		7				
19		1				
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50						
TOTAL IND.	5					
TOTAL DEP.	31					
TOTAL CLAIMS	40					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						